



**PUBLIC PROTECTION CABINET  
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION  
REQUEST TO INSPECT PUBLIC RECORDS  
PURSUANT TO KRS CHAPTER 61**

*Please return this form to the Department of Housing, Buildings and Construction, Records Custodian,  
101 Sea Hero Road, Suite 100, Frankfort, Kentucky 40601-5405 or fax, 502/573-1057*

Current Date: \_\_\_\_\_

TO: \_\_\_\_\_ (Section/Division in which records are kept)

I hereby request to ☐ inspect or ☐ receive copies of the following documents from the files located  
in the above Section/Division: (please be specific)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME AND ADDRESS OF PROJECT:** \_\_\_\_\_

If the requested documents are  
sought for a commercial purpose,  
you must state here what that  
purpose is: \_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_  
Please print name clearly)

\_\_\_\_\_  
Signature of person requesting records

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

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**TO BE COMPLETED BY DEPARTMENT PERSONNEL ONLY**

**DISPOSITION**

The following disposition of the above request is recommended:

- ☐ Copies of records cannot be made available until approximately \_\_\_\_\_.
- ☐ The records are available for inspection only and copying upon appointment.
- ☐ The attached records are what we have, as requested.

Total number of written documents: \_\_\_\_\_ @ \_\_\_\_\_

Total number of copies of non-written records: \_\_\_\_\_ @ \_\_\_\_\_

Total cost: \_\_\_\_\_ Cash ☐ Check ☐ Money Order ☐ Please bill ☐

APPROVED FOR MAILING:

\_\_\_\_\_  
MICHAEL POWERS Date  
RECORDS CUSTODIAN

\_\_\_\_\_  
Signature of Program Manager

\_\_\_\_\_  
Section/Division Date

